

Fax (515) 281-4073 (7 pages)

File with:
Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

2008 OCT 17 PM 4:21

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect for Supervisor

IMPORTANT: Indicate by # type of committee you are reporting for: 5
(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name
Mike Keane

Political Party (if applicable)
Republican

Office Sought
Woodbury County Board of Supervisors

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged in	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

Robert J. Smith
SIGNATURE OF PERSON FILING REPORT

(712) 255-3450
TELEPHONE

October 17, 2008
DATE SIGNED

I AM FILING A October 14, 2008 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.

(report date)

Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election
November 4, 2008
County & Local Committees, enter County in
which Election is held
Woodbury

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 464.94

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) (**also see in-kind below)

\$ 2,250.00

Schedule F: Loans Received total (Attach Schedule F)

\$ 1,200.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

\$ 0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL

\$ 3,914.94

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)

\$ 3,860.06

Schedule F: Loan Repayments total (Attach Schedule F)

\$ 0.00

CASH ON HAND at the end of this reporting period (If final report balance must be zero)

\$ 54.88

**UNPAID BILLS (From Schedule D - Attach Schedule D)

\$ 0.00

**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$ 845.41

**OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$ 1,200.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES ☒ NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)**COMMITTEE NAME** (Must be same as on Statement of Organization)

Committee to elect Keane for Supervisor

SCHEDULE**A**

(Rev. 07/03)

**MONETARY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM**STATE CANDIDATES NOTE:** IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.**NOTE:** ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.**CAUTION:** Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (If applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
8/8/08	ID# CK#	Fred Lennon 1309 46th St Sioux City, Ia 51104		\$ 100-	<input type="checkbox"/>
8/12/08	ID# CK#	Thomas Schuyver 4627 Country Club Blvd Sioux City, Ia 51104		250-	<input type="checkbox"/>
8/12/08	ID# CK#	Marybeth Brehany 4501 Country Club Blvd Sioux City, Ia 51104		50-	<input type="checkbox"/>
8/15/08	ID# CK#	Thring Jensen Jr 4320 Penny Way Sioux City, Ia 51104		250-	<input type="checkbox"/>
8/16/08	ID# CK#	Sara Crawford 5010 Country Club Blvd Sioux City, Ia 51104		100-	<input type="checkbox"/>
8/19/08	ID# CK#	Daniel Kaplan 701 Buckwalter Dr Sioux City, Ia 51103		50-	<input type="checkbox"/>
8/22/08	ID# CK#	Michael Channon 3717 So. Birch Path Sioux City, Ia 51104		50-	<input type="checkbox"/>
8/24/08	ID# CK#	James Laffey 3215 River St. Sioux City, Ia 51104		50-	<input type="checkbox"/>
8/24/08	ID# CK#	Garnett Smith 4301 Penny Way Sioux City, Ia		100-	<input type="checkbox"/>
8/24/08	ID# CK#	Timothy Brown 4949 Country Club Blvd Sioux City, Ia 51104		100-	<input type="checkbox"/>
SUB-TOTAL				\$ 1100-	
TOTAL (If last page of this schedule)				\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Keane for Supervisor

SCHEDULE**A**

(Rev. 07/03)

**MONEY
RECEIPTS**☐ CHECK THIS BOX IF
AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
8/27/08	ID# CK#	C.E. WOLFE 400 Pellafield Dr. Sioux City, IA 51104		\$ 100 ⁻	<input type="checkbox"/>
9/3/08	ID# CK#	Scott Flynn 1348 Fox Ridge Trail Sioux City, IA 51104		50 ⁻	<input type="checkbox"/>
9/4/08	ID# CK#	Steven Condon 2729 Glen Ellen Road Sioux City, IA 51106		100 ⁻	<input type="checkbox"/>
9/4/08	ID# CK#	John Mayne 3832 Nebraska St. Sioux City, IA 51104		50 ⁻	<input type="checkbox"/>
9/4/08	ID# CK#	Bob Lawler 2012 Raven Ct. Sioux City, IA 51104		100 ⁻	<input type="checkbox"/>
9/12/08	ID# CK#	Avery Bros. LLC P.O. Box 235 Sioux City, IA 51102		200 ⁻	<input type="checkbox"/>
9/12/08	ID# CK#	George Madden 3918 Sylvan Way Sioux City, IA 51104		100 ⁻	<input type="checkbox"/>
9/12/08	ID# CK#	Jeffrey Poss 3035 Chestnut Ave Sioux City, IA 51104		30 ⁻	<input type="checkbox"/>
9/25/08	ID# CK#	Jack Burdight 1198 Minnesota Ave Pierceson, IA 51048		50 ⁻	<input type="checkbox"/>
VAR	ID# CK#	\$25 ⁰⁰ OR LESS		370 ⁻	<input type="checkbox"/>
SUB-TOTAL				\$1150 ⁻	
TOTAL (If last page of this schedule)				\$2250 ⁻	

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Page 2 of 2
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Keane for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
7/16/08	ID# CK#	Palmer Candy Co. 2600 Highway 75 Sioux City, Ia 51105	Parade Candy	\$ 50.56
7/29/08	ID# CK#	Reed Printing 1117 Villa Avenue Sioux City, Ia 51103	Printing - Post Cards	94.16
8/2/08	ID# CK#	Perkins Office 717 Wesley Parkway Sioux City, Ia 51103	envelopes	16.04
8/6/08	ID# CK#	The Roy Hanson Co. 1153 The View Ave Sioux City, Ia 51103	4 And Signs	888.25
8/7/08	ID# CK#	Woodbury County Auditor Woodbury County Courthouse Sioux City, Ia 51101	CD for Voter Lists	5.00
8/7/08	ID# CK#	Palmer Candy Co. 2600 Highway 75 Sioux City, Ia 51105	Parade Candy	29.30
8/8/08	ID# CK#	U.S. Postages Inc. North Side Station Sioux City, Ia 51104-4036	P.O. Box Rental	35.00
9/24/08	ID# CK#	Sioux City Journal 575 PAVONIA ST. Sioux City, Ia 51103	Newspaper Ad.	2011.70
SUB-TOTAL				\$ 3,130.01
TOTAL (If last page of this schedule)				\$

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(I).)

Page 1 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Keane for Supervisor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
9/26/08	ID# CK#	KSCJ 2000 Indian Hills Dr. Stark City, Ia 57104	Radio Advertising	\$ 714.00
VAR	ID# CK#	Wells Fargo Bank N/A 666 Walnut St. Des Moines, IA 50309	Bank Service Charges	16.05
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 730.05
TOTAL (if last page of this schedule)				\$3,860.06

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 2 of 2

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Keane for Supervisor

SCHEDULE

E

(Rev. 06/97)

IN-KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF
AMENDING FORM

DATE RECEIVED (MM/DD/YY)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
8/2/08	Mike Keane 4707 Country Club Blvd Sioux City, IA 51104	Self.	Stamps & Envelopes	\$ 193 ⁰⁰	<input type="checkbox"/>
8/14/08	" " "	Self.	Thank You Cards	641	<input type="checkbox"/>
10/14/08	" " "	Self	Radio Advertising	646 ⁰⁰	<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
					<input type="checkbox"/>
SUB-TOTAL				\$	
TOTAL (If last page of this schedule)				\$	845.41

Page 1 of 1
(for Schedule E)

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Committee to elect Keane for Supervisor

SCHEDULE

F

(Rev. 02/08)

LOANS
RECEIVED
& REPAY☐ CHECK THIS BOX IF
AMENDING FORM

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
7/31/08	Mike Keane 4707 Country Club Blvd Sioux City, IA 51104	Self.	\$ 1,000.00
9/25/08	Mike Keane 4707 Country Club Blvd Sioux City, IA 51104	Self.	200.00

TOTAL (PART I) \$ 1,200.00

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0From Schedule E - TOTAL LOANS FORGIVEN \$ 0TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 1,200.00

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Page 1 of 1
(for Schedule F)